

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 4
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) The 2016 Committee			FEC IDENTIFICATION NUMBER ▼ C C00569905		
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee CAMPAIGN FUNDING DIRECT, INC.			Date of Public Distribution/Dissemination 04 / 06 / 2015		
Mailing Address 1420 SPRING HILL ROAD SUITE 490			Amount 1591.16		
City MC LEAN State VA Zip Code 22102-3028		Transaction ID : SE24.351 Date of Disbursement or Obligation 04 / 06 / 2015			
Purpose of Expenditure DIRECT MAIL - GRAPHICS		Category/Type 004			
Name of Federal Candidate DR. BEN CARSON			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate		
Office Sought: _____ District: _____ State: _____					
Calendar Year-To-Date Per Election for Office Sought 143198.85			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee FASTSIGNS			Date of Public Distribution/Dissemination 04 / 06 / 2015		
Mailing Address 1791 NW 86TH STREET			Amount 3909.16		
City CLIVE State IA Zip Code 50325-7101		Transaction ID : SE24.451 Date of Disbursement or Obligation 04 / 06 / 2015			
Purpose of Expenditure RACEWAY SIGN		Category/Type 004			
Name of Federal Candidate DR. BEN CARSON			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate		
Office Sought: _____ District: _____ State: IA					
Calendar Year-To-Date Per Election for Office Sought 3909.16			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			5500.32		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Robert Frank</u> <div style="text-align: right;">[Electronically Filed]</div>			Date 12 / 08 / 2015		

: 97 `A=G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A=N5HCB
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Form/Schedule: SE
Transaction ID : SE24.351

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$31.20 has been allocated equally to each of the remaining schedule primary elections.

Form/Schedule:
Transaction ID:

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 3 OF 4
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) The 2016 Committee	FEC IDENTIFICATION NUMBER ▼ C C00569905
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee MDI IMAGING & MAIL			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 04 / 06 / 2015	
Mailing Address 21955 CASCADES PARKWAY			Amount 3331.00	
City DULLES	State VA	Zip Code 20166-9211	Transaction ID : SE24.401	
Purpose of Expenditure DIRECT MAIL - POSTAGE		Category/Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 04 / 06 / 2015	
Name of Federal Candidate DR. BEN CARSON			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought 146529.85			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y	
Mailing Address			Amount 	
City	State	Zip Code	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y	
Purpose of Expenditure		Category/Type 		
Name of Federal Candidate			<input type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought 			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	3331.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Robert Frank

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
12 / 08 / 2015

Signature

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Form/Schedule: SE
Transaction ID : SE24.401

The expenditures made to support this candidate were done on a nationwide basis and did not focus on any particular state or a group of states. \$65.31 has been allocated equally to each of the remaining schedule primary elections.

Form/Schedule:
Transaction ID: